

MAIL APPLICATION AND FEE TO:
 Department of Labor and Industries
 Electrical Licensing & Certification
 PO Box 44460
 Olympia, WA 98504-4460
 www.lni.wa.gov/scs/electrical



APPLICATION/RENEWAL FOR AN ELECTRICAL TRAINING CERTIFICATE

Original application fee is: \$36.00

Renewal or update fee is: \$43.60

| | | | |
|--|-------|----------|-----------------------------------|
| Name (Last name, first name, middle initial) | | | Birth Date |
| Mailing Address | | | Social Security Number |
| City | State | Zip Code | Daytime Phone (Include area code) |

To avoid delays in the processing of your application, please ensure that you have included or considered all of the items on the list provided below: (first two items are required for processing)

- Date and sign the **Applicant's Signature** block below.
- Include the appropriate fee with the application. The fee for initial applications is \$36.00 and the fee for a renewal or update is \$43.60. Make checks payable to: **Department of Labor and Industries.**
- **Affidavits of Experience:** To be accepted, all Washington State experience must have been legally obtained under the requirements of RCW 19.28. Affidavits of Experience must be signed by; an authorized Electrical Contractor's Representative or your Training Director if you are enrolled in an apprenticeship program. **Both** the applicant (trainee) and the authorized representative verifying the work experience must sign the affidavit in front of a notary public.
- Out-of-state verification must state the total number of hours worked in each category and the time frame employed.
 For states that do not have an electrical licensing program you must submit a **copy of the electrical contractor license, payroll documentation** and notarized **letter of experience.**
 For states with an electrical licensing program you must submit **certified documentation of training** experience from the state on their letterhead.
- No self-verification of electrical training experience is permitted or accepted.
- Washington hours will not be credited if you did not have a current Electrical Training Certificate.
- If you are enrolled in a formal apprenticeship program, you must also register with the Apprenticeship Program. You can contact them at www.LNI.wa.gov/scs/apprenticeship.

This form can also be used for an unsupervised (work alone) card. The fee is \$21.80.

Please see WAC 296-46B-965(8) for more information.

Write your electrical training certificate # here if you are applying for this card: _____

| | | | | | | |
|--|--|-----------------------|--|--|--|--|
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct: | | | | | | |
| Date | | Applicant's Signature | | | | |

| | | | | | | |
|-----------------------------------|-----|------------------------------------|--------------|------------|----------|---|
| Renewal | New | A/C | Update hours | Lapse from | To | Cross-reference with previous certificate |
| Effective Date mo day year | | Expiration Date mo day year | | | Initials | Current certificate number |

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TUMWATER OFFICE AT (360) 902-5269.

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AFFIDAVIT OF EXPERIENCE

(Time frame can not exceed 24 months per affidavit)

I, _____
PRINT name of Authorized Electrical Contractor's Representative or approved Training Director

affirm and certify that _____
PRINT name of trainee

has worked for _____
PRINT name of company or training program

_____ *Training Certificate or Social Security No.*
in the electrical construction trade

from _____ to _____
Month Day Year Month Day Year

_____ *UBI or license number*
under the direct supervision of a CERTIFIED

journeyman or specialty electrician in the category indicated below for the number of hours shown.

- See WAC 296-46B-920 for details on scope-of-work in the electrical specialties. All training hours must be separated and submitted in the proper category. Time frame cannot exceed 24 months per affidavit.
- Work in the (01) (General) category requires supervision by a (01) journeyman electrician in a one-to-one ratio.
- All specialties require supervision by a certified electrician in the appropriate specialty in a maximum ratio of two trainees to one electrician.
- There can be no errors, whiteouts, alterations or additions on the form.

| Hours | Category | Hours | Category |
|-------|--|-------|---|
| _____ | (01) (General) Commercial/New Industrial | _____ | (06) Limited Energy System |
| _____ | (02) Residential Specialty | _____ | (06A) HVAC/refrigeration Limited Energy |
| _____ | (03) Pump and Irrigation | _____ | (07) Nonresidential Maintenance |
| _____ | (03A) Domestic Well | _____ | (07A) Nonresidential Lighting Maintenance |
| _____ | (04) Signs | _____ | (07B) Residential Maintenance |
| _____ | (05) Domestic Appliances | _____ | (10) Door, Gate, and Similar Systems |

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge.
(See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)
Date: _____
Signature of Authorized Electrical Contractor's Representative or approved Training Director

SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

| | |
|--|---------------------------|
| SUBSCRIBED AND SWORN TO BEFORE ME THIS | MY COMMISSION EXPIRES ON: |
| DATE: | |
| NOTARY PUBLIC IN AND FOR THE STATE OF: | RESIDING AT: |
| | |

NOTARY SIGNATURE

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit and subtract up to 2000 hours from my total training hours, if I make a false statement or misrepresentation of my hours on this affidavit.
Date: _____
Signature of Applicant

SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

| | |
|--|---------------------------|
| SUBSCRIBED AND SWORN TO BEFORE ME THIS | MY COMMISSION EXPIRES ON: |
| DATE: | |
| NOTARY PUBLIC IN AND FOR THE STATE OF: | RESIDING AT: |
| | |

NOTARY SIGNATURE

| | | | | | | | | |
|-----------|--------------------------|--------------------------|-------------|------|----|-----|----------|------|
| Approved? | <input type="checkbox"/> | <input type="checkbox"/> | Lapse: | / | / | | | |
| | Yes | No | Reason Code | From | To | A/C | Initials | Date |